COBRA PARTICIPANTS

COBRA PARTICIPANTS				
		2019 TOTAL		
PLAN/COVERAGE DESCRIPTION		MONTHLY	MONTHLY ADMIN	PARTICIPANT
		PREMIUM	FEE	MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN	Α			
Employee on Basic Plan		\$812.06	\$16.24	\$828.30
Employee & 1		\$1,624.10	\$32.48	\$1,656.58
Employee & 1 Employee & 2 or more dependents on Basic Plan		\$2,436.18	\$48.72	\$2,484.90
Employee & 2 of more dependents on basic i	riaii	\$2,430.16	340.72	32,464.50
WALCED DEDALANIENTE DAGIO DI ANI D				
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$697.28	\$13.95	\$711.23
Employee & 1		\$1,394.56	\$27.89	\$1,422.45
Employee & 2 or more dependents on Basic I	Plan	\$2,091.84	\$41.84	\$2,133.68
KAISER PERMANENTE - HIGH DEDUCTIBLE F	PLAN			
Employee on Basic Plan		\$559.68	\$11.19	\$570.87
Employee & 1		\$1,119.36	\$22.39	\$1,141.75
Employee & 2 or more dependents on Basic I	Olan	\$1,679.04	\$33.58	\$1,712.62
Employee & 2 of more dependents on basic i	- Iaii	\$1,075.04	333.36	\$1,712.02
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$1,166.55	\$23.33	\$1,189.88
Employee & 1		\$2,333.10	\$46.66	\$2,379.76
Employee & 2 or more dependents on Basic I	Plan	\$3,499.65	\$69.99	\$3,569.64
DELTA DENTAL PREMIER PPO - \$1,800 Annu	al Maximum			
For CCHP Plans	Employee	\$46.06	\$0.92	\$46.98
Tor cert ridis		\$104.04	\$2.08	\$106.12
	Employee + 1			
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
For Health Net Plans	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
For Kaiser Permanente Plans	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
	Linployee 12 of more	7104.04	\$2.00	\$100.12
1450 - 11 M 81	- 1	445.05	40.00	646.00
Without a Health Plan	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
	Employee + 2 of more	702.01	Ş1.20	Ç04.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
FOI Raisei Permanente Plans				
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
		40	Ac	Ann - :
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
Employee		\$10.08	\$0.20	\$10.28
Employee + 1		\$20.14	\$0.40	\$20.54
Employee + 2 or more		\$32.44	\$0.65	\$33.09
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